The urgency of fostering long-term care systems in aging societies

A urgência de promover sistemas de cuidados de longa duração em sociedades envelhecidas

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In Latin American and Caribbean countries, including Brazil, the population over 65 years of age is predicted to more than double by 2050.1 As the region experiences an unparalleled demographic transition from its presently young population to a rapidly aging one, the demand for long-term care (LTC) is expected to significantly increase, especially due to the “aging of the aged”. In 2016, people aged 80 years and older represented 3% of the population in the region, and currently, this group is expected to have the greatest percentage increase, with a very marked peak starting in 2025.2

Although life expectancy has increased, healthy life expectancy has not kept pace. Thus, individuals are currently living longer, but not necessarily in good health. In 2015, health-adjusted life expectancy in the Americas region was estimated at 65 years, with the number of unhealthy years of life varying from country to country.3 In Brazil, where life expectancy is currently 76.3 years, there is an almost 10-year gap between life expectancy and healthy life expectancy. Brazilian women have a higher life expectancy (79.9 years) than men, but they live longer with illness and disability (on average 11 years).

Additionally, population aging has not occurred homogeneously throughout the region or within each country. In Brazil, for example, according to projections from its statistical institute, in 2035 the population aged 65 and over will be greater than the population under 15 years. However, this is expected to occur in 2029 in some states and only in 2065 (i.e., 36 years later) in others. The states with the lowest aging rates are those with the lowest development rates. These data reveal the developmental inequalities in these states and indicate lower access to services, including health services.3

Such estimates contribute to the argument that increased life expectancy has been accompanied by increased morbidity and, especially, disability. In Brazil, 76.3% of older people have at least one chronic disease, while 53.6% of people at age 60 live with multiple chronic conditions — this percentage increases to 57.3% beginning at 75 years of age. About two-thirds (64%) of the care-dependent population in Brazil are over 65 years of age, and 16% of older Brazilians are unable to carry out basic activities of daily living, while 29% have difficulty with instrumental activities of daily living.4 These are some examples of why we need to transform health systems according to the special demands of older adults for health care and specific health services, including LTC.

The recent COVID-19 pandemic has highlighted the weakness of health and social protection systems to respond to the older population’s needs around the world, particularly those who are dependent on care, since the pandemic has disproportionately affected older people living in LTC facilities. In countries reporting high death rates from COVID-19, about half of all deaths have been among residents of such facilities.5 In addition to mortality, lockdown and quarantine restrictions to
reduce COVID-19 transmission may have actually increased the need for LTC due to the negative impact on older persons’ functional ability.\textsuperscript{4} This comment will serve to highlight the urgent need to establish effective LTC solutions, the challenges associated with LTC and the COVID-19 pandemic, and the role of the United Nations Decade of Healthy Aging 2021–2030 in preparing our world for population aging.\textsuperscript{7}

According to the World Health Organization,\textsuperscript{1} LTC encompasses “all activities undertaken by others to ensure that people with, or at risk of, a significant ongoing loss of capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms, and human dignity”. It is important to point out that functional ability is the main attribute of healthy aging.\textsuperscript{8} LTC activities can occur in many forms and settings and are provided by a range of people, from informal caregivers, such as family members and friends, to LTC facilities.

Countries may be able to withstand increased care dependence in the short term, but in the long term, the demographic capacities related to traditional informal care are expected to decline, adding pressure and burden to family members and health systems. Therefore, regional demographic and epidemiological shifts pose many challenges that demand long-term solutions.\textsuperscript{9} For example, between 2000 and 2010, the proportion of older people with disabilities increased from 49.6\% to 63.4\% in Brazil, and 32.2\% of older people who are users of the Brazilian public health system (SUS) have some functional limitation. Additionally, it is estimated that SUS spends a minimum of 123 million USD per year on prolonged hospitalizations, including those unrelated to a medical cause.\textsuperscript{4}

For this reason, the World Health Organization directly calls on every country to develop sustainable and equitable systems for providing LTC in its Global Strategy and Action Plan on Aging and Health,\textsuperscript{10} which has been followed-up by the recently launched United Nations Decade of Healthy Aging 2021–2030, and its area of action related to providing access to long-term care for older people who need it.\textsuperscript{7} Of particular concern is the large number of countries with no current LTC system.\textsuperscript{6}

Funding is a notable barrier to implementing LTC systems.\textsuperscript{9} Countries struggle to implement financially sustainable LTC systems that provide quality services, while individuals experience barriers and inequities due to increased private expenditure and coverage deficits.\textsuperscript{6,9} The COVID-19 pandemic has further complicated unresolved issues regarding LTC. Challenges to funding LTC systems have intensified as countries prioritize resources toward reactivation of the economy and other areas of the health system affected by the pandemic.\textsuperscript{6} Mobilizing adequate funding for LTC to respond to and recover from the pandemic has been cited as a key policy objective in a number of countries.\textsuperscript{5}

Another long-standing concern is the preparedness of the health workforce. There is an overall lack of trained LTC workers, and health professionals are often unequipped to handle the unique health needs of older people due to training deficiencies and health systems that are disease-specific rather than focused on capacities and prevention.\textsuperscript{10} Additionally, LTC has relied mostly on family care, and due to changes in society and family structure, family capacity will be very limited in the coming decades. In Brazil, 90\% of informal caregivers are unpaid, receiving no type of financial support, while 24\% of caregivers have had to quit their jobs to take care of their older relatives. Less than 7\% of caregivers in Brazil have received specific training on caring for older adults.\textsuperscript{7}

Finding care solutions may be a challenge, especially given that care work across the world is characterized as being devoid of benefits and protections, having low wages or non-compensation, and involving exposure to physical and mental harm. It is clear that new care solutions are needed on two fronts: (1) regarding the nature and provision of care policies and services and (2) the terms and conditions of care work.\textsuperscript{11} The growing care economy provides important opportunities to enhance the quality of life of informal and formal caregivers. Investing in the care economy can make it easier for informal caregivers to earn the financial support they deserve while providing critically needed care for their families and communities and building an equitable economy that benefits everyone.

Technological solutions may also help control the pressures associated with LTC and revolutionize care for older persons dependent on care, since health technology may facilitate coordination, improve care quality, and enhance efficiency in LTC and across the healthcare delivery continuum.\textsuperscript{12} Although there is still a lack of evidence about the efficacy of these technologies in general and, in particular, the degree to which they can improve the quality of life of LTC residents or individuals dependent on care, the current scenario calls for innovation and research on affordable technologies that can support LTC.\textsuperscript{12}

Given the immense demographic and epidemiological changes expected to occur in coming decades, as well as the new challenges created by the COVID–19 pandemic, the design and implementation of sustainable and equitable LTC systems requires urgent action in every country. Countries should work toward filling gaps in the monitoring and evaluation of LTC, since improving data collection is essential for understanding each country’s unique situation.
in terms of LTC needs and for generating effective solutions. Additionally, LTC protection should be brought to the forefront of policies and political agendas. Given that LTC users are generally the most vulnerable population to severe COVID-19 infection, it is imperative that LTC be addressed in all actions to mitigate the consequences of the pandemic and beyond, including better preparedness for other emergency situations. By involving both public opinion and policy makers, countries can design and implement LTC systems that are financially sustainable, centered on human rights, and integrated into the overall health system. The United Nations Decade of Healthy Aging 2021-2030 has the promise and potential to generate transformative change in LTC systems over the next ten years by bringing awareness to gaps in LTC, providing countries with the tools and resources to address these gaps, and encouraging multisectoral collaboration to strengthen national and regional efforts in healthy aging.

CONFLICTS OF INTEREST
The authors declare no conflicts of interest.

FUNDING
This research received no specific grants from funding agencies in the public, commercial, or not-for-profit sectors.

AUTHORS’ CONTRIBUTION
After invitation from the journal, H.J. and P.M. drafted the main ideas to be part of the manuscript and conducted the search for regional data. E.V., L.G., and B.V. provided critical information and revision to the first draft, considering local and regional perspective from the Organization. All authors contributed, revised, and approved the final version.

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